## ST. MATTHEW'S HOUSE Touching Hearts. Transforming Lives.

**Applicant Note:** This application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Applicants are considered without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, citizenship, or any other characteristic protected by law, in all employment decisions.

### APPLICATION FOR EMPLOYMENT

| Full Name:        |   | Position Appli      | ed For:                 |                      |            |
|-------------------|---|---------------------|-------------------------|----------------------|------------|
| Date on which y   | ou can start work if hired:   |                     | Phone Nun               | nber:                |            |
| Present Addres    | s:  |                     |                         |                      |            |
|                   | (Number/Street)   |                     | (City)                  | (State)              | (Zip code) |
| If referred by a  | current employee, please share em   | ployee's nam        | e:                      |                      |            |
| Emergency Con     | tact(s):  |                     |                         |                      |            |
|                   |   |                     | Phone #:                |                      |            |
| Relationship:     |   | Address:            |                         |                      |            |
| (Other affiliatio | ns: neighbor, pastor, etc.)   |                     |                         |                      |            |
| Name:             |   |                     | Phone #:                |                      |            |
| Relationship:     |   | Address:            |                         |                      |            |
| Are you 18 year   | Hourly Rate:<br>s or older? Yes 🗆 No 🗆<br>ssired: Full Time 🗆 Part-time 🗆               |                     | -                       | k overtime? Yes □    | No 🗆       |
| -                 | ed here previously? Yes <pre>D</pre> No <pre>D</pre> lates of employment, location, and | reason for se       | paration from           | employment:          |            |
| Education         | School Name   | Graduate?<br>Y or N | # of Years<br>Completed | Degree/              | 'Major     |
| High School       |   |                     |                         |                      |            |
| College           |   |                     |                         |                      |            |
| Other Degrees     |   |                     |                         |                      |            |
|                   | t below any other names by which y<br>evious work history and educationa                |                     |                         |                      |            |
| Driver's License  | Information   |                     |                         |                      |            |
|                   | valid driver's license? Yes $\Box$ No $\Box$  |                     | Fxn. Date:              |                      |            |
| -                 | #:  |                     | LAP. Dutci              |                      |            |
|                   | pe: Class A Class B Class C Cla   |                     | orcycle                 |                      |            |
|                   | re:   |                     | •                       |                      |            |
|                   | allow St. Matthew's House to obta   |                     |                         | riving record? Yes 🗆 | No 🗆       |
|                   |   |                     |                         |                      |            |

### **EMPLOYMENT INFORMATION**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume".

|         | Telephone:                               |  |   |
|---------|--|--|---|
|         | May we contact?                          | Yes 🗆  | No 🗆  |
| То      |  |  |   |
| Duties: |  |  |   |
|         |  |  |   |
|         |  |  |   |
|         |  |  |   |
|         |  |  |   |
|         | Telephone:                               |  |   |
|         | May we contact?                          | Yes 🗆  | No 🗆  |
| То      |  |  |   |
| Duties: |  |  |   |
|         |  |  |   |
|         |  |  |   |
|         | Duties:<br>Duties:<br><br><br>To Duties: | May we contact? ToDuties:Telephone:May we contact? ToDuties: | May we contact? Yes □<br>To Duties:<br>Telephone:<br>May we contact? Yes □<br>To<br>Duties: |

#### EMPLOYMENT CRIMINAL HISTORY

List all convictions and pleas of no contest for any offense or violation (including felony, misdemeanor, or municipal ordinance) other than minor traffic violations. List all pending charges for any of the above violations. (Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.) If none, write "NONE":

(A pending charge or past conviction will not necessarily disqualify you unless the circumstances of the offense substantially relate to the circumstances of the employment you are seeking.)

\*\*\*Do you agree to allow St. Matthew's House to obtain a criminal history record? Yes 
No

### REFERENCES

|  | Ρl | ease | list the | names of | additional | work-related | references | we may | / contact. |
|--|----|------|----------|----------|------------|--------------|------------|--------|------------|
|--|----|------|----------|----------|------------|--------------|------------|--------|------------|

| Name:                             | Position:  |                        |
|-----------------------------------|--|------------------------|
| Company:                          |  |                        |
| Relationship:                     |  |                        |
| Name:                             | Position:  |                        |
| Company:                          |  |                        |
|                                   |  |                        |
| may contact.<br>Name:             | Position:  |                        |
| Company:                          |  |                        |
|                                   |  |                        |
| SKILLS                            |  |                        |
| Are there any other relevant expe | erience, skills, or qualifications which you feel would qualif | fu you for amployment? |

### **APPLICANT'S STATEMENT**

I certify that I have read and understand the "Applicant Note" on Page 1 of this application and that the information furnished herein and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when false answers or omissions are discovered.

I further agree that if I am hired by St. Matthew's House, I will be an at-will employee, which means that either St. Matthew's House or I may end my employment at any time with or without cause or notice.

I understand that if I am offered employment, I may be required to sign a confidentiality agreement, conflict of interest statement, and/or restrictive covenants as a condition of my employment.

I understand that St. Matthew's House may share the information contained in this application with other employees for employment and administrative purposes and hereby consent to such transfer. I hereby authorize St. Matthew's House to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I further agree to submit to legally permissible drug and/or alcohol testing upon request by St. Matthew's House. I recognize that the results of these tests may be used to determine my employment or continued employment.

I recognize that this employment application is not an offer of employment.

Applicant Signature: \_\_\_\_\_

Date:

Touching Hearts. Transforming Lives.

| OFFICE APPROVAL                  |                      |                                |
|----------------------------------|----------------------|--------------------------------|
| Position Title:                  | Dept./Location:      | Hourly/Salary Rate:            |
| Potential Start Date:            | In Budget? Yes or No | Status: Full Time or Part Time |
| CMS Profile: Copy from username: |                      | Key employee? Yes or No        |
| Supervisor's Signature:          |                      | # of Badges needed: 0 1 2      |
| Director of HR Signature:        | CEO Signat           | ure:                           |



# **Disclosure to Employment Applicant/Driver regarding**

**Procurement of a Consumer Report** 

In connection with your application to employment, St. Matthews House, Inc. may obtain a consumer report on you as part of our process of considering you for employment. These reports may include public record information such as your driving record, criminal history and worker's compensation claims. Private information such as your credit history may also be obtained.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights.

# **Applicant's Authorization and Release**

I hereby authorize St. Matthews House, Inc. to obtain consumer reports about me as described above for the purpose of qualifying me for employment. I release St. Matthews House, Inc. as well as Florida MVR Services, Inc. and all other entities from which the consumer reports are obtained from any claim or liability related to obtaining, compiling or releasing such reports. I also agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain consumer reports related to my employment.

| ne                            | Date |
|-------------------------------|------|
| Signature                     | -    |
| Social Security Number        | -    |
| Driver's License Number State | -    |
| Date of Birth                 | -    |
| Current Street Address        | -    |
| Current City, State, Zip Code | -    |